How Technology and Apps Fit in the Allergy Office

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Disclosures

Speaker, Consultant, Advisory Board for Pharming

and

Teva

Consumer of Aluna Devices

Allergy Focused Electronic Medical Records

- Skin Test documentation with standard templates and codes
- Integrated immunotherapy management
- Biologics Management
- Ability to blog/notify patients of changes and information
- Programming for prior authorizations and renewals.
- Ability to track procedures and information about each
- Ability to track diagnoses and lab values

Patient Portal

Sharing	Scheduling	Tracking	Uploading
Sharing of information- Food allergy Forms, Asthma Forms/Action Plans	Scheduling of appts	Tracking of lab values	Uploading of Pictures/ Documents – Assist with evaluating disease and prior authorizations

Telemedicine

- Telemedicine Increases Access and Decreases Cost of Care
- Almost 90% of both users and nonusers (of telemedicine) said that they would use telemedicine if they were to be reimbursed.
- There is variability across the country
- There are rules for crossing state lines
- Checking into Malpractice Insurance Important as well.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7320693/#bib28

Why Apps?

-Improve patient compliance

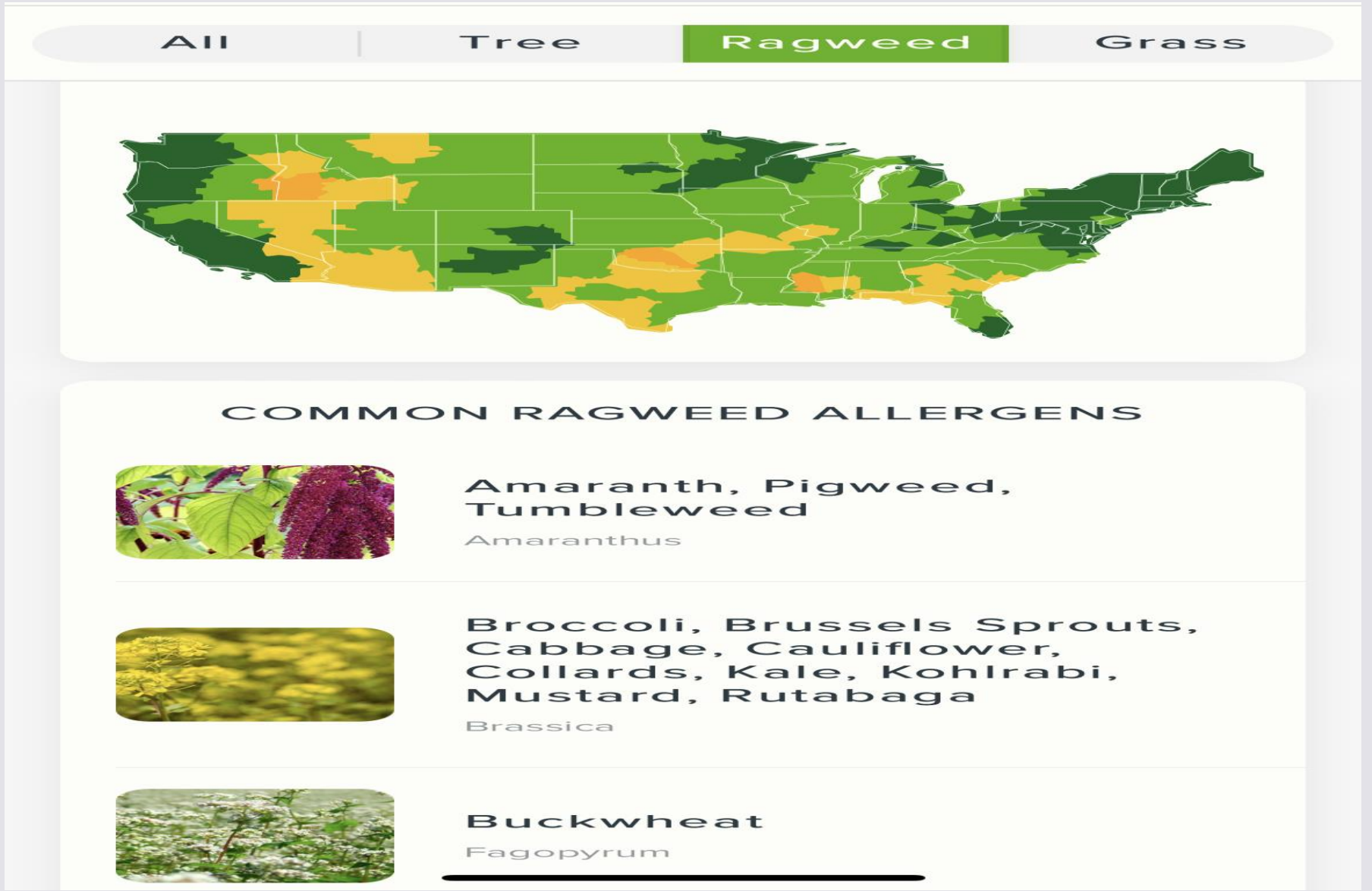
-Assist with Prior Authorizations

-Exchange of Healthcare information

Image: Wikimedia Commons

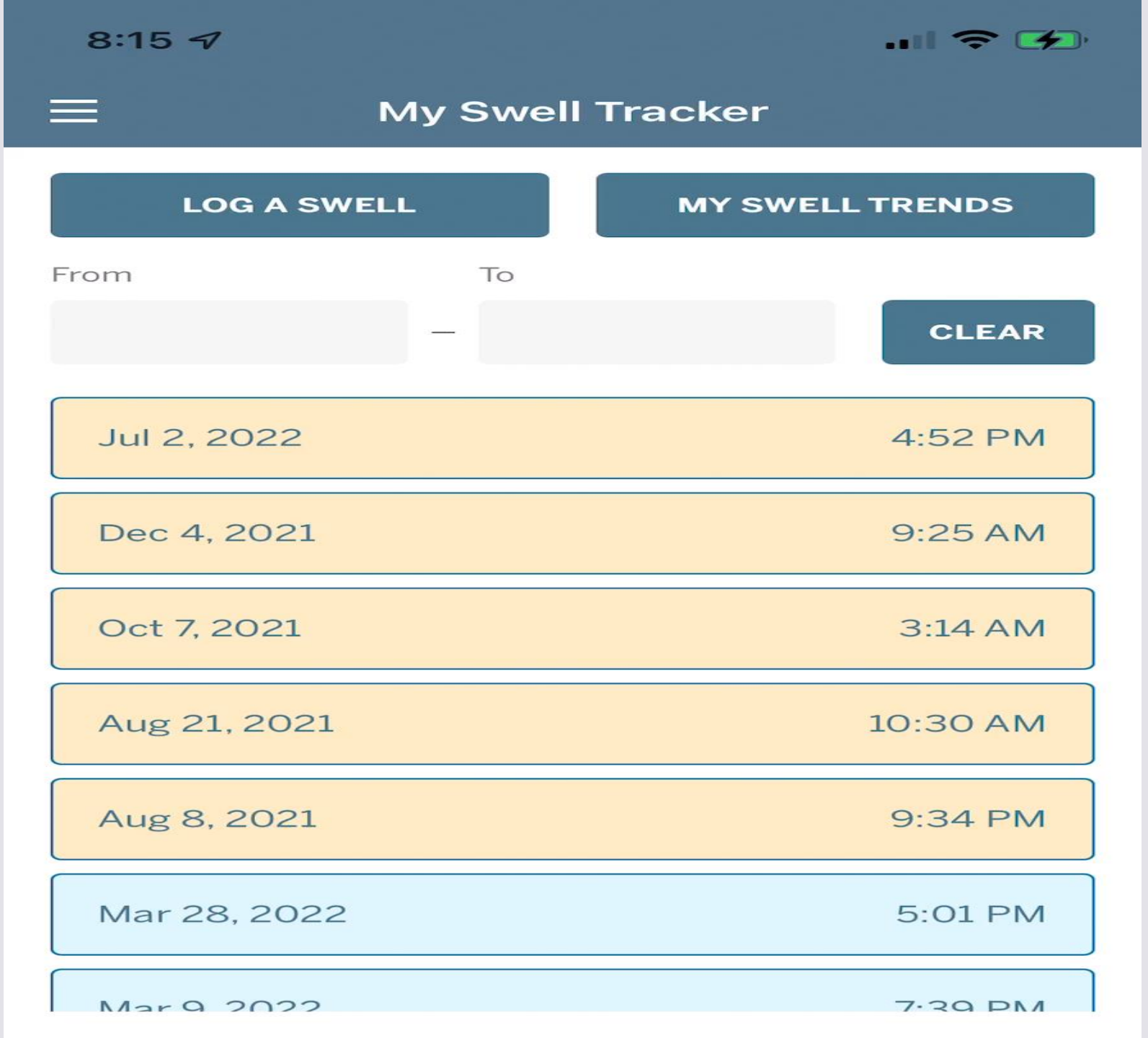
Timeline and Map

Pictures of Pollen

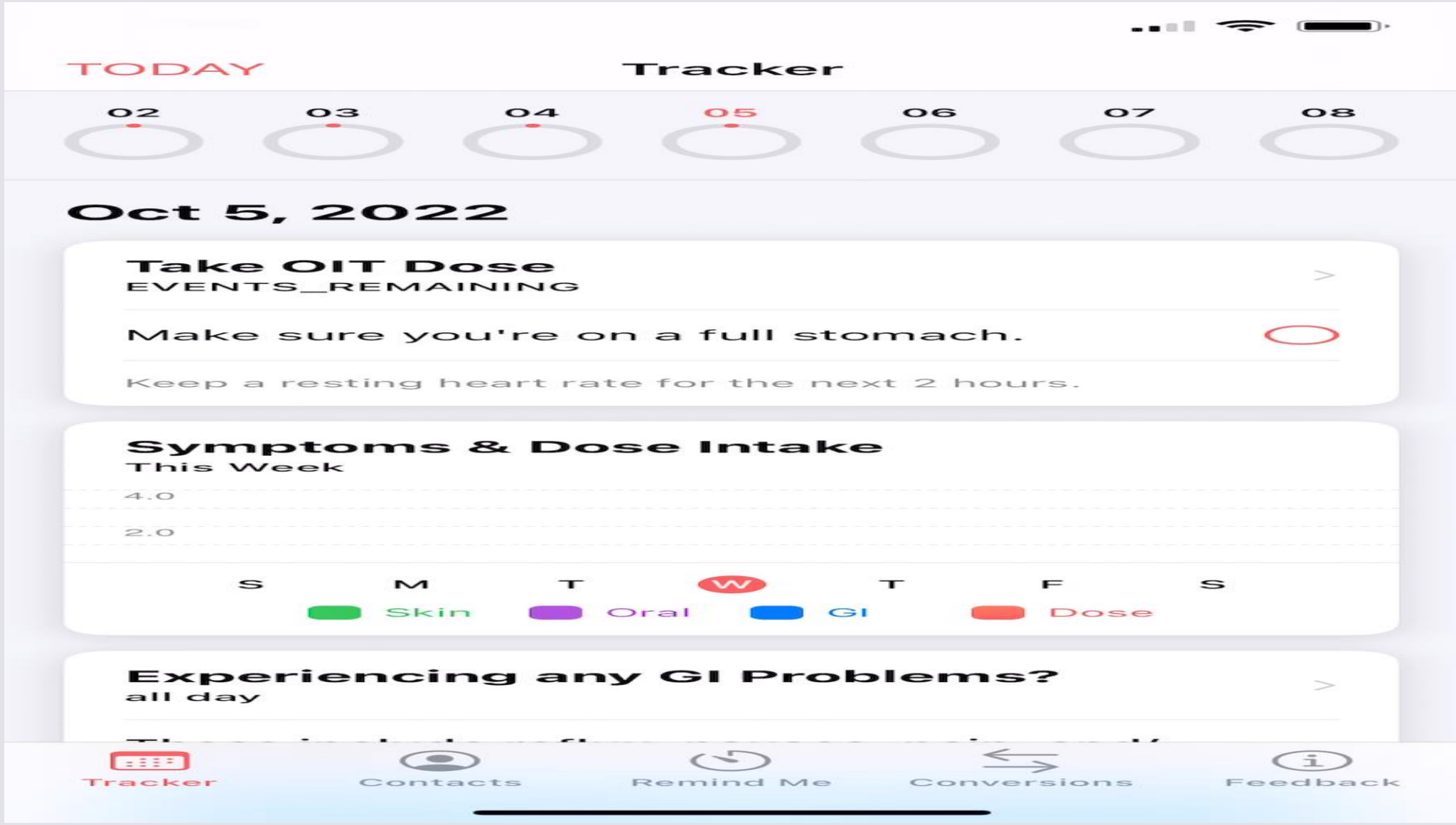


Allergy Plus App

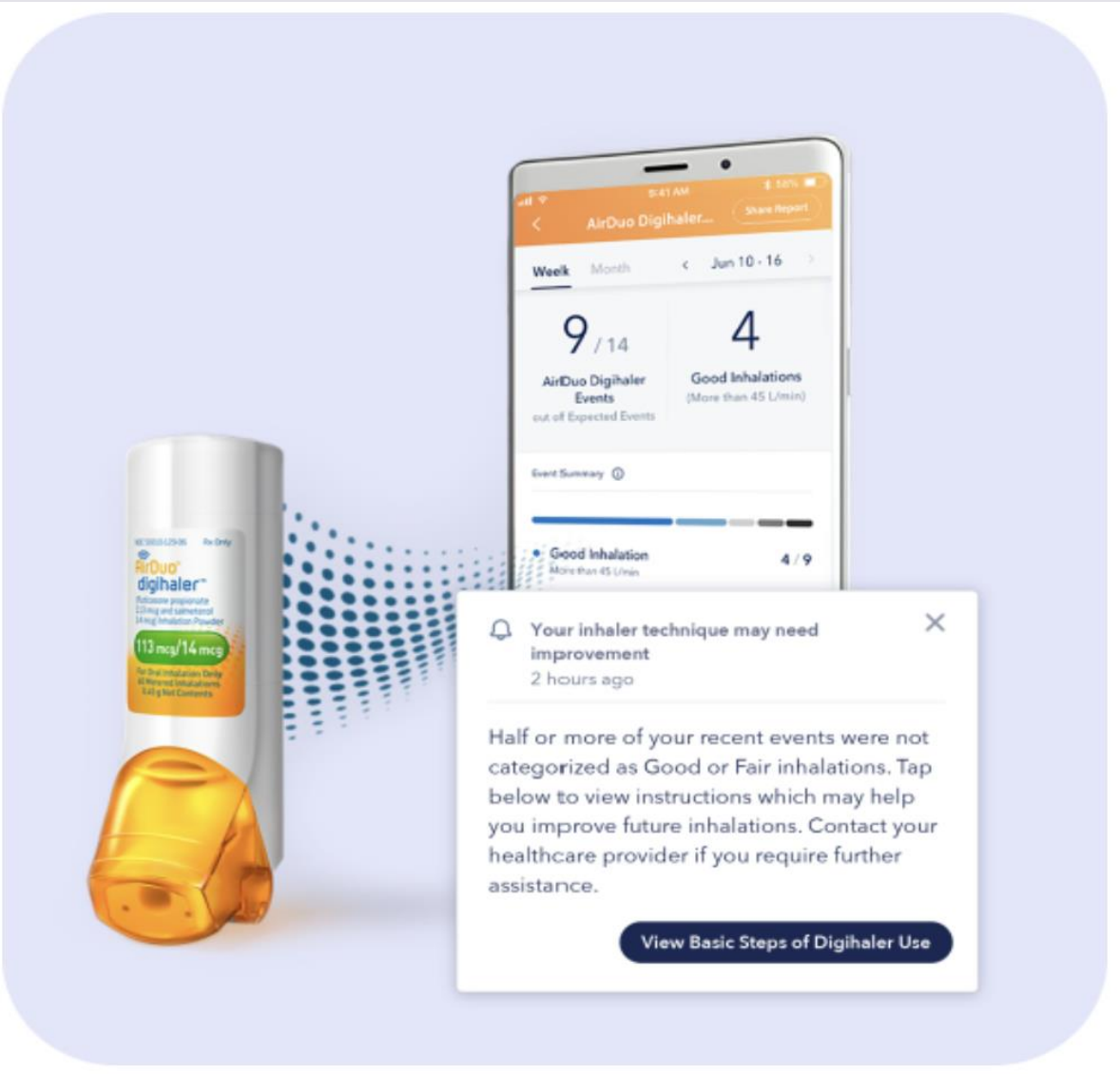
What is a Hereditary Angioedema (HAE) attack?


8:15
My Swell Tracker
LOG A SWELL
MY SWELL TRENDS
From
To
—
CLEAR
Jul 2, 2022
4:52 PM
Dec 4, 2021
9:25 AM
Oct 7, 2021
3:14 AM
Aug 21, 2021
10:30 AM
Aug 8, 2021
9:34 PM
Mar 28, 2022
5:01 PM

Creator: Piotr_malczyk. Credit:Getty Images


TODAY
Tracker
02
03
04
05
06
07
08
Oct 5, 2022
Take OIT Dose
EVENTS_REMAINING
Make sure you're on a full stomach.
Keep a resting heart rate for the next 2 hours.
Symptoms & Dose Intake
This Week
4.0
2.0
S
M
T
W
T
F
S
Skin
Oral
GI
Dose
Experiencing any GI Problems?
all day
Tracker
Contacts
Remind Me
Conversions
Feedback

Source: BreatheSuite



Source: Teva

89
Last FEV1 Score
moments ago
aluna
Alex
Last FEV1 score
moments ago
11/07
Week
11/22
Month
12/06

Remote Patient Monitoring versus Remote Therapeutic Monitoring for Allergists

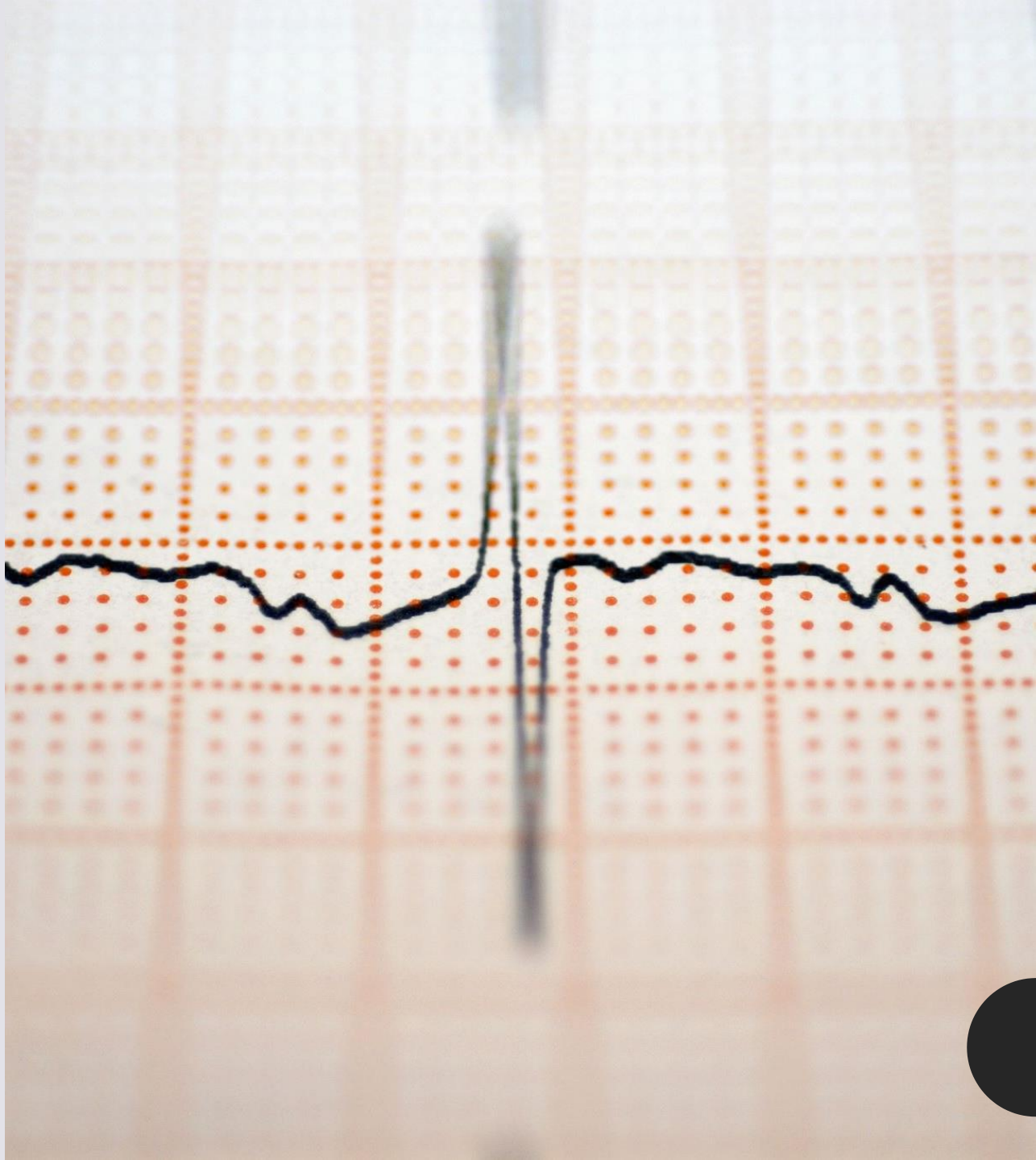
RPM- Covid- O2 sats

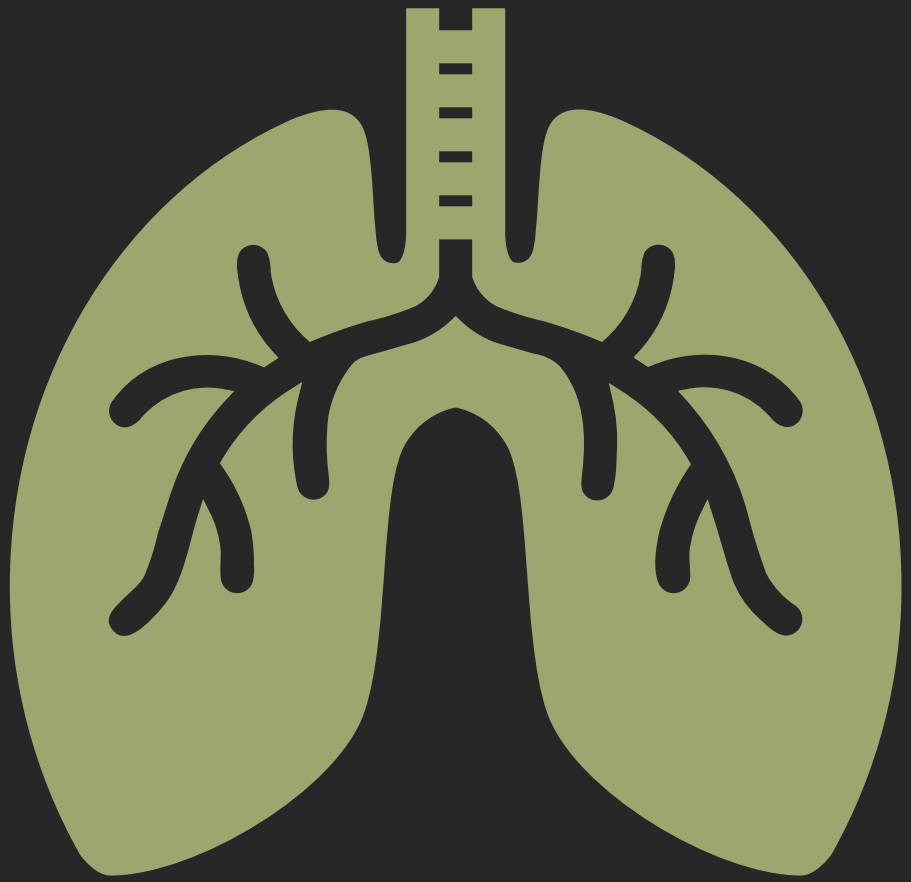
RPM – Monitoring flow/FEV1

RTM- To monitor compliance

RPM as stated involves a physiologic parameter. The physician is not required to do the follow up phone calls. These can be done by a staff member.

Currently- RTM is approved for the musculoskeletal or respiratory system. However, at the moment, a physician or provider must do the follow up for RTM. There is a push to allow a staff member to do the touch points with RTM as well.





Who do you want to monitor? Do you have a protocol to identify them?

What devices are used for monitoring?

Spirometry

Bio sensors

Pulse Oximeters

Smart Inhalers

Precheck the insurance to make sure the codes will be covered.

Decide who is the one that is going to teach the device.

Is this going to be an MA, RN, Respiratory Coordinator, Yourself?

Decide who is going to do the required touch points.

Is this going to be an MA, RN, Respiratory Coordinator, Yourself?

Decide how you are going to document these visits and create a template for them

Make sure to document start and stop times!

Decide what interventions you are going to make with the data.	Are you going to discuss compliance if you are monitoring inhaler use? Are you going to discuss goals for spirometry if you are monitoring that via RPM?
Who is going to make those interventions?	Is this going to be an MA, RN, Respiratory Coordinator, Yourself?
Organize the billing based on the start and stop of the month for the patient.	Examples- start and stops at different days of the month Create a spreadsheet and make sure that it is monitored regularly- Who is to do that?

The CPTs billed for RPM vs RTM will be driven by:

- ***The type of data collected (physiologic v. non-physiologic); and***
- ***How the data is reported (automatic upload by the medical device vs. collected by the medical deice and self-reported by the patient).***

RPM

Once:

- CPT 99453 Initial set up & patient education on use of device

Every 30 days:

- CPT 99454 Physiologic monitoring device

Every calendar month:

- CPT 99457 RPM management, first 20 minutes
- CPT 99458 RPM management, each additional 20 minutes
- CPT 99091 RPM management, data self-reported by patient

RTM

Once:

- CPT 98975 Initial set up & patient education on use of device

Every 30 days:

- CPT 98976 Respiratory system monitoring device
- CPT 98977 Musculoskeletal system monitoring device

Every calendar month:

- CPT 98980 RTM management, first 20 minutes
- CPT 98981 RTM management, each additional 20 minutes

99453 RPM Set Up (1x)

99454 RPM Monitoring every 30 days-

- Data has to be monitored at least 16 days per month (During the PHE 2 days with someone with COVID-19)

99457 RPM treatment management -20 min-

One time every 30 days - Must be live/interactive

99458 RPM treatment management –

additional 20 min- must be live/interactive

99091 RPM treatment management (self reporting)

30 min. One time every 30 days

Not with 99457 or 99458

98975 RTM set-up (1x billing)

98976 Respiratory monitoring

- Technical. Data Monitoring every 30 days

98977 Musculo-skeletal monitoring

- Technical. Data Monitoring every 30 days

98980 Treatment Management- 1st 20 minutes (each 30 days)

- Interactive communication with patient/caregiver

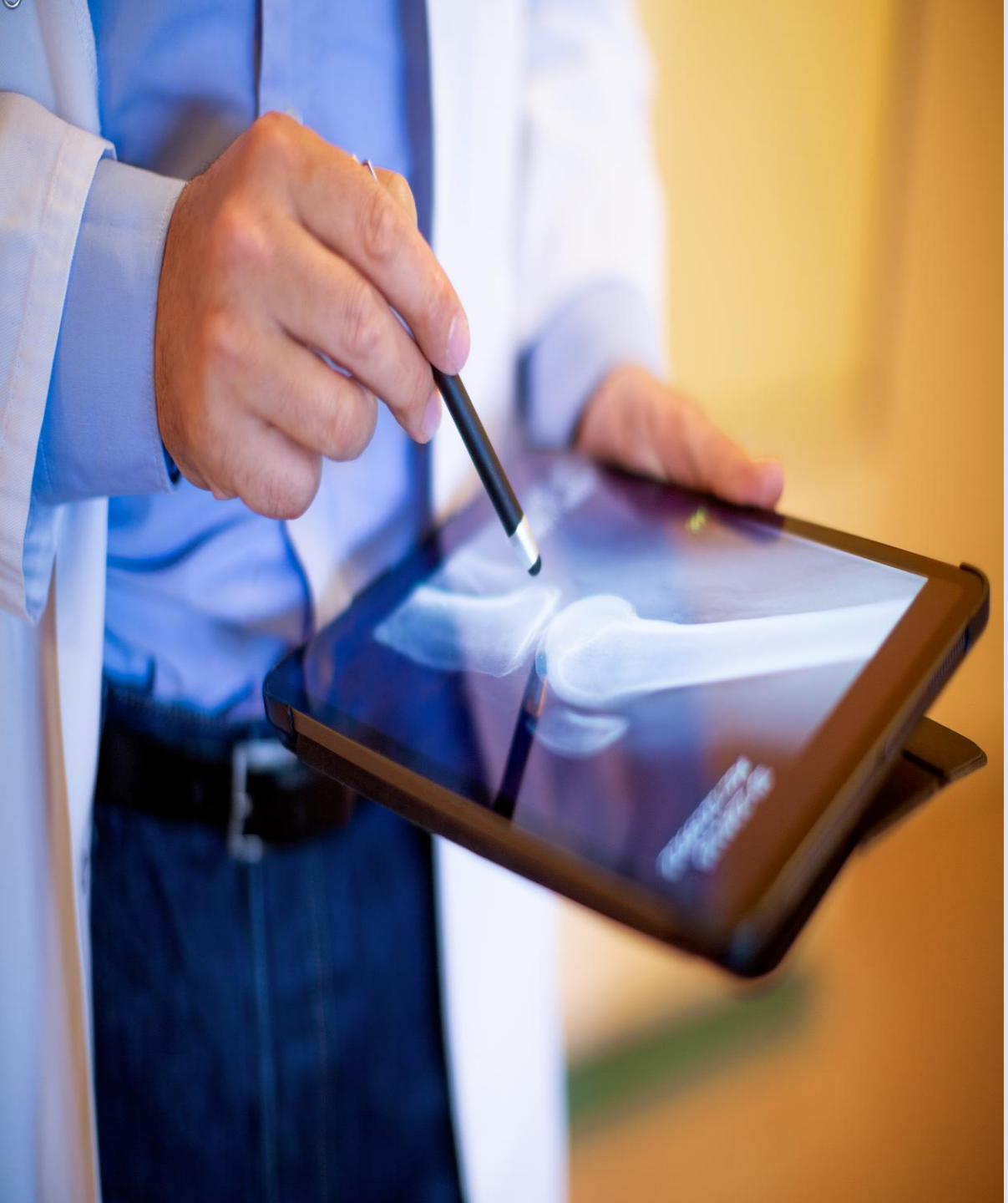
98981 Treatment Management- each additional 20 minutes

- Interactive communication with patient/caregiver

Healthcare technology is expanding rapidly. Through COVID-19 there has been an explosion of technology- EMR, Apps and devices.

Now is the time to continue to advocate for expansion- for telehealth- pay parity, continued insurance coverage, care across state lines….

RPM has been shown to improve patient outcomes during COVID-19 through monitoring of O2 sats and will continue to improve.



More research and real-world data is needed for RPM and RTM. Asthmatics can be monitored and count for RPM- monitoring FEV1 (physiologic) or RTM- monitoring compliance of inhaler use.

You need to have a plan to implement it for your practice and decide what works best for you.

ANDREA